To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to PO Box 2569 Madison, WI

THE MUNICIPALITY US	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Widdison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
Print: Rafael Perez	Street: 112750.15 th	□ Town □ Village ■ City	1/8/2012	Email
sign: Reful Prog	City: Milhaukee wzs zip: 53204	Milwaukee (Municipality Name)	(Month) (Day) (Year)	()
2. Amanda Morhorun	· ·	□ Town □ Village City	1/8/2012	Email
sign. Whom I What	city: Milwaull zip: 5325	Municipality Name)	(Month) (Day) (Year)	()
3. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
4. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
5. Print:	Street:	☐ Town ☐ Village ☐ City	1 100	Email
Sign:	City: Zip:	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
I, Johanna Lohnson - M. (Printed Name of Circulator)	(certify): I reside at Certification of Circulator (Circulator's Residence – Street Name and Nur	Greenfield (Circulator Munic	aicinality)	Circulators, Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis, State

(Month)

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Ja

Committee t PO Box 256 Madison, W

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print JASON STACHOUTAK	Street: 6344 "EVCIIS AV City: UTWANKEE Zip: 53219	☐ Town ☐ Village ☐ City (Municipality Name)	1/9/20 <u>10</u> (Month) (Day) (Year)	Phone (L14
2. Print: Heather Stachwisola Sign: Weather Stachwisola	Street: 6344 W EDCISCL AVE City: Milwaukea zip: 53219	Town Village City (Municipality Name)	/9/20 <u>12</u> (Month) (Day) (Year)	Phone (UIV
Print: Heidi Sul Prodrigue	Street: 2237 S.75 th City: West Allis Wt zip: \$3219	□ Town □ Village	1 /9 /20 12 (Month) (Day) (Year)	Phone (414)
4. Syra Suan sign Lava Lun	Street: 6342 W. Euclid Ave. City: Milnauker zip: 53219	□ Town □ Village □ City M(Wawkee (Municipality Name)	1 / 9/20 <u>12</u> (Month) (Day) (Year)	Phone (4/14)
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
I, Johanna L. Johnson - M. (Printed Name of Circulator)	Certification of Circulator certify) Leside at 3 + 43 5 . 46 (Circulator's Residence – Street Name and Nu	(Circulator Mani	cipality)	Circulators , Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Recall Scott V PO Box 1651 Madison, WI

THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	V OF DESIDENCE IS NOT SIREICTENT		Madison, Wi
THE MORELL ALT I	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		i
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Petros: JEAN CRAMER Sign Dean Cramer	street: W225N498 Takcoma N.	Town Village ACity (Municipality Name)	//9/20/20/20//(Month) (Day) (Year)	(Hez)
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Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
4. Print:	City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
I, Johanna L. Johnson - (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 3143 5 46 5 (Circulator's Residence - Street Name and Nu	b <u>Creenfiele</u> mber) (Circulator Muni	capality)	Circulators, Please include your con

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Please include your c

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
PHINE MARCHRET & FIELDS	Street: 10260 W. TEVVA AVE.	□ Town □ Village □-City	12/14/20_L	Email
som mygnet & Fell	CHy: Mil WANLEZ Zip: 53 day	(Municipality Name)	(Month) (Day) (Year)	Phone (414
2.	City: Tip:Z		-	Email
Print: Marc Cannon	Street: 5501 W. County Line Rd.	Town Strillage City Brown Deer	12/14/2011	
sign Mari Carmo		(Municipality Name)	(Month) (Day) (Year)	Phone
3.	ary: Brown Deer 219: 53223			(भाप
Print: Daniel Cannon	street: 5501 W. Coury Line Rd		(Month) (Day) (Year)	Email
Sign: Saw Carried	city: Brown Delizip: 53227	Brown Decr (Municipality Name)	(Month) (Day) (Year)	Phone (4/4)
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Sign:		(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
5.	City: Zíp:			Email
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Sign:	•	(Municipality Name)	/ /20 (Month) (Day) (Year)	Phone
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1) p	Certification of Circulator	a		
I, Kim Cannon ((certify): I reside at 5501 W County Lin	ne Rd. Brown Dee	er WI	
(Printed Name of Circulator)	(Circulator's Rasidanca - Street Name and Num		- Ci	irculators,

\mathcal{L}	Certification of Circulator	_
Kim Cannon,	certify): I reside at 5501 W. County Line Rd.	Brown Deer WI
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Number)	(Circulator Municipality)
recall petition. I am aware that falsifying this certification i	tained each of the signatures on this paper. I know that the signers are electors of the jurisdict paper with full knowledge of its content on the date indicated opposite his or her name. I know spunishable under S. 12.13(3)(a), Wis Stats.	tion or district represented by the officeholder with their respective residences given. I support this Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Circulator)	00*9504

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

	Section 12 of the Wisconsin Constitution and S.9.10 of the V			PO Box 256
THE MUNICIPALITY U	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. S BE LISTED.		Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1.			1 7	Email
Print: JAMES LIJEINSE!	Street: BBZ7 W. MAGNOLIA ST	Town Village City	12/31/2011	ISAL TA
Sign: fin A	City: MILWAUKGE Zip: 53224	(Municipality Name)	(Month) (Day) (Year)	Phone (4/4)
Print WILLIE CANDON TR	Street: 5501 W. COUNTY UNE RIS	□ Town K Village □ City	17/21/2011	Email WILL, CA
Sign: WW.Co.	City BROWN DEER 53223	BROWN DEER	[2/31/20/11 (Month) (Day) (Year)	Phone (44)
3. Andrew Lijewski	Street: 8827 W. Magnoliast	□ Town □ Village □ City	1/10/2012	Email / Jew
Sign: Char Jywe.	CHy. Milwaukee Jus 53224	M. Twavkee (Municipality Name)	(Month) (Day) (Year)	Phone (414)
4. Print: Annon Lijewski	street 8827 W magnolia st.	☐ Town ☐ Village ☐ City	1 /10/2012	Email
Sign: (Mo)	cin. Milwaukee zin 53224	(Municipality Name)	//0/20_2 (Month) (Day) (Year)	Phone (414)
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Kim Cannon .	Certification of Circulator (certify): I reside at <u>5501 W. County Line</u>	e Rd. Brown De	er WI	'inoulate as

(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12/13(3)(a), Wigner 1.

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(Month)	(Day)	(Year)	(Signature of C	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY U	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT.		Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print: NEVIN (1STBY	Street: 2554 5, 647 ST.	Town Village City MILWAUKER	1 //0/20/12	Email
sign: Julieller Uselly	City: MILWAUKER Zip: 53219	(Municipality Name)	(Month) (Day) (Year)	(4/4)
Print: Travis Pudrug	Street: 9324 WPark H-11	Town Village	1 1/0/20/2	+podr
Sign: 1 m' 12 3.	City: Milwan Kee Zip: 53226	Millage Millage Millage Municipality Name)	(Month) (Day) (Year)	Phone (4/4)
Print LINDA BORDA	Street: 3443 S. HONEY CREEK DR.	☐ Town ☐ Village [B-City	1/10/2012	Email
sign: Linda Berda	City: MICWAUKE Ezip: 53219	MILLIAUKER (Municipality Name)	(Month) (Day) (Year)	Phone (414)
Print: Luis A. BORDA	Street: 3443 S. HONGY KRECK DR.	Town Village City	1/10/2012	Email
som from the	City: Mil WAUKER Zip: 53219	MI/WAUME (Municipality Name)	(Month) (Day) (Year)	Phone (4/x)
5. Marybeth Justus	street 3029 S. 95th ST	☐ Town ☐ Village ☐ City	1/12/222	Email
suppopul was	City: West Allis Zip: 53227	West Allis (Municipality Name)	1 / 12/2013 (Month) (Duy) (Year)	Phone (414)
	Certification of Circulator		L	

Luis Borda	Certification of Circulator (certify): I reside at 3615 S. 60th ST Apt #11	Milwankee
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally of named in this petition. I know that each person signed the ecall petition. I am aware that falsifying this certification	bbtained each of the signatures on this paper. I know that the signers are electors of the jupaper with full knowledge of its content on the date indicated opposite his or her name. It is punishable under \$\(\frac{1}{2}.13(3)(a), \) Wis. Stats.	risdiction or district represented by the officeholder I know their respective residences given. I support this
(Month) / 13 /2013 (Year		Page No. (Official Use Only)

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Committee to PO Box 2569

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Madiso THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. VOTING CONTAC PRINTED NAMES OF ELECTORS SIGNATURÉS OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no (Indicate Town, City, or Village) Email ☐ Town □ Village City Phone Email ☐ Town ☐ Village Phone **C**ity (Month) (Day) Email ☐ Town ☐ Village Phone City Email ☐ Town 12/3/2011 ☐ Village Phone City Email ☐ Town ☐ Village Phone City Email ☐ Town ☐ Village Phone City Email □ Town /03/20<u>12</u> ☐ Village Phone City C Month) (Day) Email ☐ Town ☐ Village Phone € City Email ☐ Town 20 ☐ Village Phone ☐ City (Month) (Day) (Year) City: 10. Email ☐ Town 20 ☐ Village Phone ☐ City (Month) (Day) (Year) **Certification of Circulator** Tennifer S. Riard Milwanker 532 (Circulator's Residence - Street name and Number) (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed

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the paper with full knowledge of its content on the date indicated opposite his or her name. I know their espective residence given. I support this pretain petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
Jeanne Bord	Jeanne Bord	Street: N7700 D.'x R.Q.	*** Town □ Village □ City Marshfield	12/10/20_11 (Month) (Day) (Year)	Phone -
ANNEHE BENHIN	ameth Butter	Street: 153/Nappm/myse E City: Mt. Calvary Zip: 53057 Street: 153/Nappm/myse E City: Mt. Calvary Zip: 53207	□ Town □ Village	(Month) (Day) (Year)	Email Phone
Cantine Andrew	Ceanally	Street: 1914 N Prospect Ave #35 City: MI Walkee zip: 53202	Town Village City MIWallel	12/17/20 <u>11</u> (Month) (Day) (Year)	Frione (8)
Penchope Stewart	Remedit	Street: 1724 N18th St City: Mylusticker Zip:532025	Town Village milwalcre	12_/17/20_11 (Month) (Day) (Year)	Phone
MACDA BANASZAIL	Panen	Street: 1839 N. PALMEYL City: WILWAUKEE zip: 53212	Town WILWHIKEZ	(Month) (Day) (Year)	Email Phone
Rose Ann Wasserm	van Ratha Warn	Street: 1503 N. Marshall St. - City: Milwhukee, W. Izip: 53202	Town Village Milwamler	12/17/2011 (Month) (Day) (Year)	Phone (
		Street: City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) / 20	Email Phone
		Streets City: Zip:	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Email Phone
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	Certificatio	on of Circulator	Apt. F208		
Senise Bord (Name of Circul lly circulated this recall petition and personally obta-	, (ce	certify): I reside at (455 W English Meade (Circulator's Residence – Street name an hat the signers are electors of the jurisdiction or district represented by the tive residences given. I support this recall petition. I am aware that falsify	lows Dr. Greenfield (Circulator I) the officeholder named in this petition. I know to	r Municipality) v that each person signed	Circu

(Signature of Circulator)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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		city: BOOK+ield	zip: 03045	Acity 41.55. Water	(Month) (Day) (Year)	(26)
2. Albine Hermann	Albine Hermann	Street: 265N Boboli		Town Village City Brookfield	11 /24/20 <u>11</u> (Month) (Day) (Year)	Phone (2402
Rudolf Hermann		Street: 265 N Boboli	4	Town Village City Brookfixed	// /24/20_// (Month) (Day) (Year)	Email Phone (262
4. DEAN ZARSKE	Dal 2	Street: Z405 MEMOR Otty: BRONKFIELD		Town Caroneric Co	(Month) (Day) (Year)	Email DN2Z Phone
5	any Eichstaedt	Street: N15W27577 Pheas		O Town O Village Pewaukee	11 /26/2011 (Month) (Day) (Year)	Email Lichs 4(Phone (262
BURT Eichstandt	Buttenthe	Street NISWJ7577 Pleas		Town Village Rewarkee	// /36/20_1/ (Month) (Day) (Year)	Email Phone (Ho)
T. ELIZABETH M. DESTACH	E Elabet Dille Hartaglie	Street 525 W 30390 &		X Town Village GENESEE	12 /9 /2011 (Month) (Day) (Year)	DDESTAC Phone (262
s. Jennifer Schild	Gerander Sheld	street: 1623 Haymar		Town Village Warkesha	12/9/20// (Month) (Day) (Year)	Phone (262
Lisa Dallman	Less Selling	Street: 4755 Bolling		Town Dillage New Beklin	[3]/20// (Month) (Day) (Year)	Phone Ole
10.		Street:	Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone
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Micholas Strebig	Micholas Strebes	street: 10512 w. cortez circle #21 City: Franklin zip: WI 53132	Urillage City Franklin	1 /13/2012 (Month) (Day) (Year)	Phone (
Partin H. Klein	Martin H. Hain	Street: 1018-N.35th Str. City: M, /wgg/Lee W, zip: 53808	Town Village Village Wacker	1/3/20/2 (Month) (Day) (Year)	Phone (414
lichael A. Majer	Michael Dy are	Street: 33 20 MEADOW CROFT CT	Down Village BROKFIELD	(Month) (Day) (Year)	Email Phone (26)
FIL KRAMSCHUSTER	MMMA	Street: 5329 W HIGHLANDS CT City: FRANKLIN WI Zip: 53/32	□ Town □ Village City FEANKLIN	//3/20/2 (Month) (Day) (Year)	Phone (
FRANK ROTH	A/C	Street: 316 5 7157 City: MILWAUKEE zip. 53214	□ Town □ Village □ City MILWAUKEE	/ //3 /20 <u>/2</u> (Month) (Day) (Year)	Phone (
Ervin S. Yante	Ewin J. Yanke	City: Brookfield, WI zip: 53045	Vion of Brokered	/ /3 /20/2 (Month) (Day) (Year)	Email Phone
laxine A. Yanke	maxine A. Clanke	Street: 199 Kirkham Ot, City: Brookfield, NIII 53045	Wrown City Brookfield	//3/20/ <u>1</u> (Month) (Day) (Year)	Phone (
Beth Norris	BEL	Street: N9379 Bevilah AKRG City: East True Zip: 53120	O Town City City Cart Cort	(Month) (Day) (Year)	Phone ,
	•	Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Phone (
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I, / // Chall Ryo	ari	, (certify): I reside at 69	1) SCL New ator's Residence – Street name and Num	ber) (Circulator M	HIII
I personally circulated this recall petition and personally of the paper with full knowledge of its content on the date in	btained each of the signature on this paper. I	know that the signers are electors of the	risdiction or district represented by the officel	nolder named in this petition. I know the certification is punishable under S 12.	at each person signed
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
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lly circulated this recall petition and personally of with full knowledge of its content on the date in (Month) (Day) / 20 (Year)	2	that the signest are electors of the jurisalition or district represented tive residences given. I support this recall polition 1 are again, that for the control of Circulator)	/ L-L-U-U-L-L	w that each person signed 12.13(3)(a), Wis. Stats.	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING	J PURPOSES, WHEN DIFFERENT THAN MUNICIP/	PALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	/S BE LISTED.	1	Madi
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RYAN GENS INAMYERS	Minally	Street: 244 MELROSE BLVO City: FOND ON LAC Zip: 54935	☐ Town ☐ Village) /2/20 <u>12</u> (Month) (Day) (Year)	Email	'υος`
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rsonally circulated this recall petition and personally obtained	each of the signatures on this paper. I kn	now that the signers are electors of the ju	risdiction or district represented	by the officeholder named in this p	petition. I know that each person signed	(
paper with full knowledge of its content on the date indicated			recall petition. I am aware that i	falsifying this certification is punish	hable under S.12.13(3)(a), Wis. Stats.	Email
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ROBERT STREHLOW	Robert Stullow	Street: S85 W32471 JOSHUA DR. City: WAMUKWUNAGO zip: 53149	Town O'Village MUKWONAGO City	12/18/20_11 (Month) (Day) (Year)	Email Phone
SANDY STREHLL	Sand Shaplan	Street: 5'85 W33471 JOSHUA DR Chy: MUKWONAGO Zip: 53149	Defown City	/ /8/20 <u>/2</u> (Month) (Day) (Year)	Phone (
s. David Scheidegger	David Schooles son	Street: 5,85 W. 32230 ROBENTS CT. City: MUKWONAGO, Zip: 53149	Town Willage MUKWONAGO City	/ /8/20/2 (Month) (Day) (Year)	Phone (
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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HAZEL SCHEIDEGGER	Hizel Scheedegger	Street: 13605 W. Montana av. City: New Berlen W1 22p. 53151	☐ Town ☐ Village ☐ City Mear Berlen	// /33 /20 // (Month) (Day) (Year)	Phone () - 786
2. Philip Slater	Ply Set	Street: 2134 S Sunny Slope Rd City: New Berlin Zip: 53151	Town Di Village Di City New Berk	11 /23/2011 (Month) (Day) (Year)	Email Phone	
3. Sharon Finger	Shave Frig	street: 1076 Ocondants. city: Calqate Zip53017	Town Willage Rich Field	\$\frac{1}{25} \frac{201}{(Month) (Day) (Year)}	Email Phone	
4. Amanda Raduenz	Small Rost	street: 2794 C Edwards St. City: East Troy zip: 53120	Town East Toroy	11 /26/2011 (Month) (Day) (Year)	Email	
5. Allison Scheidegger	a Scheideger	street: 585 WSZZ30 Robertsct aty: MUKWONOO0 zip: 53149	Town Village City Mukubnago	11/26/20[1 (Month) (Day) (Year)	Email Phone	
Kathy Fehly	Kothy Fehly	street: 585 W32354 Roberts Ct.	In the second s	11 /26/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
7. Kristine Fehly	Kristine Felly	street: S85 W32354 Roberts Ct. City: Mukwonago zup: 53149	Town Ukwonago	11 /2/2011 (Month) (Day) (Year)	Email Phone	
BRIAN Fehly	Buan Felly	585 W 32354 Street: Roberts Ct. 53149 Cay: Mukwonago zip: 53149	7 L vinage	11 /2H 2011 (Mouth) (Day) (Year)	Email Phone	
9. Jennie Robinson	Jannie Rob	street: 5065 Joshua N 53090 chyllich Bund zip: WI	Town Wayne City West Bend	(Month) (Day) (Year)	Email Phone	
Donna Scheidegger	1(1	Street: S85 W32230 Roberts 4	Mukul Ayara	12/18/20/1 (Month) (Day) (Year)	Email Phone	
	Certification o					
Donna Scheider		tify): I reside at S85 W32230 Roberts	s Ct. Mukwora	90	Circula	ators, ple

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator Municipality)

(Circulator's Residence - Street name and Number)

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Servet	1. MARCELLA	Marcella	Street: 800 Columbia &	Town South	12/5/2012	
Servet	DUSZYNSKI	Duspynski	CHy South My Warkel 2 53172	Milwaukee	(Month) (Day) (Year)	()
Servet	2. Shelly	Shedy	Street: 4072 S. 43rd St	Town O - C - 1	1 /10/20/2	_
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
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0	Street: 2761 Ac. 70th St, City: Milwanker zip: 53219	Municipality Name)	(Month) (Day) (Year)	Phone (4/4)			
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personally circula	ted this recall petition and	personally obtaine	d each of the signatures of	n this paper. I know that	the signers are elec-	tors of the jurisdiction or dist	rict represented by the officeholder n	amed in this petition. I know that	each person signed
e paper with full	knowledge of its content or	n the date indicated	d opposite his or her name	. I know their respective	residences givera I	support this recall petition. I	am aware that falsifying this certification	ation is punishable under S.12.13	(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	G PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE M	MUNICIPALITY OF RESIDENCE MUST ALWAY	YS BE LISTED.	Mad
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
Mary Stathas	Main Statles	Street: 6211 W. Idaho St. City: Milwaukee zip: 53219	Town Village Fit City Walkee	\\\\/23/20\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone
Hope Jansen	3/ 1-20	Street: 6219 W. Idaho St. City: Milwaukee zip: 53219	☐ Town ☐ Village	\\\\/242011 (Month) (Day) (Year)	Email Phone
Thomas Stathas	Showns Statlas	Street: 204 Wr HOLT AVE City: MTZWANKEE Zip: 53215	☐ Town ☐ Village ☐ ☐ City	1(/24/20 <u>//</u> (Month) (Day) (Year)	Email Phone
4. Jenna Koehn	Of KOL	Street: W215 N5387 Ada Ct City: Menomonee Falls zip: 53051	□ Town □ Village PCity Menomonee Fall S	11 /25/2011 (Month) (Day) (Year)	Email . Phone ()
Kathy Reiss	Kathy Reiss	Street: W340 N3300 E. Parkuay meadow cir. #A city: fewaukee zip: 5:3072	☐ Town ☐, Village M. Giv.	// 135 20 11 (Month) (Day) (Year)	Email Phone ()
6. ' J	/ 5	Street: City: Zip:	☐ Town☐ Village☐ City	/ /20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	☐ Town☐ Village☐ City	/ /20(Month) (Day) (Year)	Phone ()
8.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20_b (Month) (Day) (Year)	Email Phone
9.		Street:	□ Town □ Village □ City	/ /20	Email Phone
10.		City: Zip: Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Email Phone

	City:	Zip:	L City	(Month) (Day) (Year)	
9.	Street:		☐ Town ☐ Village	/ /20	Email
2	City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
10.	Street:		☐ Town ☐ Village	/ /20	Email
	City:	Zip:	☐ City	(Month) (Day) (Year)	Phone (
	ertification of Circulator				
Kothryn Stathas	, (certify): I reside at	211 W. Idaho	<u>St. mi</u>	lwaukee	Circulate
(Name of Circulator) personally circulated this recall petition and personally obtained each of the signatures on this	*	rculator's Residence – Street name an	. ,	culator Municipality)	Pho
e paper with full knowledge of its content on the date indicated opposite his or her name. I kn					Ema
01 / 13 /20 12	Kathrum Stoth	102		ge iXO. (Official Use Only)	Eilla
(Month) (Day) (Year)	(Signature of Circulat	tor)	. 00		
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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	onstitution and 5.9.10 of the Wisconsin State of Purposes, when different than municipality		UNICIPALITY OF RESIDENCE MUST ALWAY	YS BE LISTED.	PO Box Madisor
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. STEVEN WAYNE	Steven Wayne	Street: 3251 S. 44 ST.	☐ Town ☐ Village	1/7/2012	Email
		city. Green free D we zip: 53219	Village PREENFIELD	(Month) (Day) (Year)	()
2.	M 1 - 21.	Street: 2843 N. DOWNER AVE #1	☐ Town ☐ Village	1/10/2013	Email
CHRISTOPHER COTÉ	(houstof 16 total	City: MRWAUKEE Zip: 53211	City MILWAUKEE	(Month) (Day) (Year)	Phone ()
3.		Street: 3520 S. Pine Ave.	□ Town □ Village	1/10/20/2	Email
Lisa Kobke	Lina K. Kalhe	city: Milwaukee zip: 53207	AD/City	(Month) (Day) (Year)	Phone ()
4.		street: 4111 West Morgan #4	☐ Town ☐ Village	1/10/2012	Email
Marilisa Godoy	Malin H. Jorda	civ. Milwarkee zip. 53221	City Hilwankee	(Month) (Day) (Year)	()
5.		Street: 8823 Knoll Ct.	☐ Town ☐ Village	1/13/2012	Email
martha Meyer	machall mey	civi Franklin zip:53132	OrCity Franklin	(Month) (Day) (Year)	Phone ()
6.		Street: 7707 W Morgan Ave *1	□ Town □ Village	1/13/20/2	Email
Rodney Severson	Rodrey Severson	cis: Mi/wankee zip: 53220		(Month) (Day) (Year)	Phone
7.	0	Street:	☐ Town ☐ Village	/ /20	Email
<u> </u>		City: Zip:	City	(Month) (Day) (Year)	Phone ()
8.		Street:	☐ Town ☐ Village	/ /20_	Email
<u> </u>		City: Zip:	City	(Month) (Day) (Year)	Phone ()
9.		Street:	□ Town □ Village	/ /20	Email
· · · · · · · · · · · · · · · · · · ·		City: Zip:	City	(Month) (Day) (Year)	Phone ()
10.		Street:	☐ Town ☐ Village	/ /20	Email
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		City: Zip:	City	(Month) (Day) (Year)	Phone ()
A 11 1 1 P	Certification o		mi - Milia	1	
Catherine L. Piot	trowski , (certif	tify): I reside at 4900 W. Jerelyn	Place /VIIIway	Kell Municipality)	Circulators, please

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. OR O	CONTAC
1. LANGE OF LANGE OF LANGE Email	
Streets Village Village	
	· .)
Street: 2/5 5 N. C/U4Rd Town	
Deal city witers CW zig. 52184 Seity William (Month) (Day) (Year) Phone)
3. Street: 1329 N. 58th 84 Town Village 1/13/2012	
City: Milwaukae Zip: 53208 City MilwaukEE (Month) (Day) (Year))
4. Aaron Rosko Aweren 1/13/2012 Email Phone Milwaukee 1/13/2012 Phone Phon	
City: Milwurkee Zip: 53211 RCity Will (Month) (Day) (Year))
5. Street: 8823 Knoll Court Town Village 1/13/2012 Phone	
Loberto Jena Mahat Sene City: Franklin Wi zip: 53/32 City Franklin (Month) (Day) (Year) Phone)
6. Street: 7570 S. 33RD ST. Town	. 1
JON WOOTEN City: MILWAUKEE Zip: 53215 City MILWAUKEE (Mosth) (Day) (Year) Phone)
7 Consifer Thirds January Thirds Street: 33735.844 #102 Town 1/18/20/12 Email	
Phone Phone	114) 6
8. Email	
Julie Evans Julie)
9.	
Pavrel B, Hueden Mallon Street: 1910 Walson Hot Village Warralosa (Month) (Day) (Year) Phone	. ,
10.	
Street: Village	
Certification of Circulator)

Power, in wears	Mayou -	city: Cravitalosa	zip: 53213	Walia Tosa	(Mdnth) (Day) (Year)	()
10.), of	Street:		□ Town	/ /20	Email
		City:	l l	☐ City	(Month) (Day) (Year)	Phone ()
	Certification	of Circulator		_		
Catherine L. Piotro	wski , (ce	rtify): I reside at 4900	W. Jerelyn	Place Milwark	ee	Circus Interna
(Name of Circulate			Residence – Street name and	Number) (Circulator I	Municipality)	Phone
rsonally circulated this recall petition and personally obtain paper with full knowledge of its content on the date indicate	ed each of the signatures on this paper. I know that ed opposite his of her name. I know their respective	t the signers are electors of the jurisdiction of the purisdiction of the property of the prop	on or district represented by the o petition. I am aware that falsifying	fficeholder named in this petition. I know to this certification is punishable under S.12.	hat each person signed 13(3)(a), Wis. Stats.	(4)
1 13 120 12	Catherine	Wrowsky			Tictal Use Only)	Email
(Month) (Day) (Year)	그 사용 아들이 얼마를 보는 사람들이 없다.	(Signature of Circulator)	engag in the second section in the	0000	₩	·
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PO Bo Madis VOTING DATE OF SIGNING CONTA MUNICIPALITY OF RESIDENCE SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE PRINTED NAMES OF ELECTORS Rural address must also include box or fire no. (Indicate Town, City, or Village) Email street: 7640 W Chadwick Rd ☐ Town Emily Nacrak Glendale ☐ Village Phone alendale zip: 53217 Email .26 St □ Town /201Z ☐ Village MILLWAYKEE Phone **⊡**-€ity zip: 53215 Email · Mallord Ave □ Town □ Village Phone **⊠**City Milwarkee city: Milwavlel Email w Becher ☐ Town 1/11/2012 ☐ Village City Phone zip: 53212 Email Town Village Phone Email ☐ Town Phone Email ☐ Town Phone Email WALNUT S Village Vity Phone Jeono Mowar Email 6074 ☐ Village Phone zin: 33214 **Email** Phone

		1 1 2 2 3 1	[-10.] [-10.]			<u> </u>
	Stephanie Halfmann	Septrain Sefum	Street: 1329 N. 58th	zip: 53208	Town Village MILWAUKEE	1 /13/20 <u>/</u> (Month) (Day) (Year)
		Certificati	on of Circulator			
	Catherine L. Piotr	owski.	(certify): I reside at 4900 W,	Jerelun Pla	ce Milwauke	e
	(Name of Circi	ulator)	(Circulator's Res	sidence – Stre ¢ t name and Nu	mber) (Circulator M	
е	ersonally circulated this recall petition and personally ob	otained each of the signatures on this paper. I know	that the eligners are electors of the jurisdiction of	or district represented by the offic	ceholder named in this petition. I know that	at each person signed
)	paper with full knowledge of its content on the date ind			tion. I am aware that faisifying th	is certification is punishable under \$.12.1	3(3)(a), wis. Stats.
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Article XIII, Section 12 of the Wisconsin Co THE MUNICIPALITY USED FOR MAILING		TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	PO B Madi
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1. Juan C Robles	pu Cla Rh	Street: 4350 Skylark Lane	Town Willage Greendale	1/7/2012	Email
2.	0 . 1/2 /	Street: 118 5: 92ND 5T	□ Town	(Month) (Day) (Year)	Email
TIMOTHY GREENBANK	Sandly Freezearch	City: MILWAUKEE Zip.53214	Skity MILWAUKEE	(Month) (Day) (Year)	Phone ()
Darlene A. Pfeiffer	Warle A. Parto	City: WFST BEND WIZID: 53090	Arown Village Ozaukec	1/7/20 <u>/2</u> (Month) (Day) (Year)	Phone ()
Lisq Schill	Lisa Schill	Street: 4618 W. Eggert PL. City: Milwayker zip: Ch. 3321	Town Village Ocity Pilmanhice	\\\ \/7/20_12\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Phone
MARGO DAVIS	Margo Davis	Street: 308 N VIENNA FINE City: M: /WAUKEE Zip: 532/2	Town Village City M; WAUKEE	1/7/20 <u>/2</u> (Month) (Day) (Year)	Email Phone
6. Rives Buck	2000	Street: 6174 w Forest home Mpt acc City: Museukee zip: 53337	□ Town □ Village □ City	1/7/2012 (Month) (Day) (Year)	Email Phone
7. Charles Rich	Charles C. Rich	street: 3031 5, 47th 51. City: Milwarkel zip: 53219	Town Village VCity M. Iwanke e	/ /9 /20/2 (Month) (Day) (Year)	Email Phone
8. Thomas Francki	Thomas Franchi	Street: 6061 5 Wakefield Ln#102	Down Village Berlin	//9/20/Z (Month) (Day) (Year)	Email Phone
9.	03+0	Street: 4830 W Forart Home was	O Town Village Village Willy Milwaukee CP	1 / 9 /2012	Email Phone
10. COSE DUSTOS UN	The way	City: Milwar Wez zip: 53219 Street: 3221 5 69 th 5t	□ Town	/ /9 /20/2	Email
JULIE MURRAY	Certification (City: M. IWAUKEE Zip: 53219	Greity M. LWAUKEE	(Month) (Day) (Year)	Phone ()

1052 B	DUSTOS UN	I miselle	City:	11/War Wec	zip: 53219	€ -City	MINWAUKEE 5	(Month) (Day) (Year)
JUI, E	MURRAY (Muy	Street:	3221 5 69 1 IWAUKEE	11 St zip: 53219	□ Town □ Village □ City	M. WAUKEÉ	/ /9 /20/2 (Month) (Day) (Year)
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DARLENE M. DANN	Darlene M. Dann	Street: 5000 W. CLEVELAND AVE	Town U Village M ILWAUKEE	/2/1/20_11 (Month) (Day) (Year)	Email Phone	
2. JEREMY WOOD	Twoo	Street: 970 IW GRENFIELD	Town Village City WEST ALLIS	\Z/1(/2011 (Month) (Day) (Year)	Email Phone	Ju
3. Ken	71 ~ 0 10/100	Street: 9/15 W Congress St	□ Town □ Village 00 //	12/12/20/1	Email Phone	
Kimberly Steavens	Kinsely Stevens	city: Milwaukee zip: S3225 street: 4209 No. 1744 Sheet	Town Willage Milwowkee	$\frac{12/(3/2011)}{(Month) (Day)}$ (Year)	Email Phone	
5. Susan Page	Jusan Page	Street: 7608 W. Bradley Rd	□ Town □ Village M J 22 J	(Month) (Day) (Year)	Email Phone)
Gayle Nicol	Harled Mil	Street: 525 W29138 Cambrian City: Wav Kesher WI 21p. 53188	Town Other General	/2//7/20// (Month) (Day) (Year)	Email Phone	
7. SIKVE NICOL	Stree Lail	Street: \$25WB9138 CAMBRIAN ADS. City: WAUKKS4A Zip: 53188	Town Utillage City City Character Charact	12/17/20 <u>//</u> (Month) (Day) (Year)	Email Phone	
8. MATTHEW J. O'NEIL	Math A	Street: 6/36 N. 117+4 ST	Town Village City MTCWAUNEE	2 /21/20// (Month) (Day) (Year)	Email	
9. Margaret M Schmus	Margaret M Selmus	Street: 4522 W SUMAC Pl City: M/Waukee zip: 53229	Town Williage Milwaukee CP	12/21/20// (Month) (Day) (Year)	Email	
Vincent Te	Vincent Z	Street: # 2937 N 555+	Town Willage Milwaukee	12/21/2011 (Month) (Day) (Year)	Email Phone	<u>'/7) </u>
0.11	Certification of		Milwaukee		(
(athorne / Pintroux	5K, (2006)	is I mile at 4900 W Toxoling	Place Milunuke	PP		

(Circulator's Residence - Street name and Number) VIIIWAUACC (Name of Circulator)

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12	21	/ <u>20 //</u>	Catherine L. Pistrouste
(Month)	(Day)	(Year)	(Signature of Circulato

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Duane Lippit	Duon Ligitt	Street: 5527 W. Burnham St.	□ Town □ Village WestAll's	12/11/2011	Email
		City: 61 CS+A1118 Zip: 53219	City	(Month) (Day) (Year)	Email ()
2. Joy Lenki	Too Kuho	Street: 3235 Soulder she they	☐ Town ☐ Village 【City in the state of the	/ 20_// (Month) (Day) (Year)	Phone
3.	2	City: Midwarkee WIZID: 5300)	XCity Milleruka		Email
THERESA GUARDIN	In Thereso Burlin	Street: 4959 5 55th # 103	Town Village Cr Scity M ANKEF	Z / 1 / 20 // (Month) (Day) (Year)	Phone
4.	0. 11- 1101.	Street: 3152 S. 2945 St.	□ Town □ Village	12/12/2011	Email Phone
Samantha Malechi	Smartin Maler	City Miludusce Wip 52215	Milwarkee Milwarkee	(Month) (Day) (Year)	()
5.	100000	street: 2347 5 3042 St	☐ Town ☐ Village SCity M.	12/12/20/1	Email Phone
May Villegas	July Veryas	city: Milwankes zip: 53215	Herry III, wanker	(Month) (Day) (Year)	Email ()
Lauren Kyunker	Laurendlunger	Street: 3239 South 8th St - City: MILUGUKEZ Zip: 53215	Town Village City United		Phone
7.	Mar Creages 43 4	C-C-21/	Town	, ,	Email ()
WAlter Curta:D	Watter Curk	city: Milwaukes zip: 55225	Dillage Willage Willey Milwankee	/2//2/20 <u>(f</u> (Month) (Day) (Year)	Phone
8.		Street: SELON S DENIS CH.	∏ Town	12/12/2011	Email
Jarah Klasen	Janah KIn	city: Hales Corners zip: 53130	Avillage Houses Corners	(Month) (Day) (Year)	Phone ()
9.	1 11	Street: 4261 N 45 th St	Drown Wankee	12/201	Email
Cina tranklin	Sun franker	City: MI Way KEE Zip: 532/6	XCity M. IWaukee	(Month) (Day) (Year)	Phone ()
10.		Street: 3253 5 8th 51.	□ Town □ Village	12/12/2011	Email
Maricela Borilla	Marieda Bomil	City. Milwaukee zip: 532K		(Month) (Day) (Year)	Phone ()
Catherine Piotro	war lei	of Circulator 4900 (1) Jerely	Dlas Mil.	Los	
(Name of Circul	· · · · · · · · · · · · · · · ·	tify): I reside at Circulator's Residence - Street name/and	l Number) (Circulator M	lunicipality)	Circulators, pleas

(Circulator's Residence - Street name/and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Signature of Circulator)

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1. William Hall	Wille Hell	Street: 70675585+	□ Town □ Village	12/17/20/11	Email Phone
		City: West All 5 zip: 53219	City West Allis	(Month) (Day) (Year)	()
2.	5	Street: 4815 WOKLAHOMA	☐ Town ☐ Village	12/12/2011	Email Sapul
PULLAM, SHANNONIC	we with	City: MIWELKEE Zip: 53219	A City M. Was Ka	(Month) (Day) (Year)	()
3.		Street: 2639 N. GRANT BLVD.	☐ Town ☐ Village	12/12/20/1	Email Phone
CHARLES A. BAILEY	(Jams)	City: MILWANKEE Zip: 53210	PCity MILWAUKEE	(Month) (Day) (Year)	(414) 4
Cecelin A Brown	Cod Pro	Street: 3056 N. 36+4 84	□ Town □ Village ☑ City	3/13/20//	Phone (14, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
5.	Catal & Sia	city: Milwankee zip: 53210	- Milwauker		Email (414) 4
Nesu: Assedn 30	Cos) & Ardluga	Street: 3,253 5,87 in 57 City: MILWANTERW Zip: 533/15	U Town Village City MUMA: Her	12/12/20 <u>[[</u> (Month) (Day) (Year)	Phone
6. A		Street: 29918 Megdow Dr	K Town ☐ Village	13/3/20//	Email Pega
leggy Lynn Mullikin	Yeggy Lynn Whelliken	City. Burlington Zip. 53105	City Burlington	(Month) (Day) (Year)	Phone ().
7. 500	110	Street: 2967 5, 46 5T	□ Town □ Village	12/21/20/1	Email
Gregg Krawczyk	group Thanosoft	City: Milwaykee zip: 53219	MCity MILWAUKEE	(Month) (Day) (Year)	Phone ()
8.		Street: 4790 Megdanview East	Trown Village Brackfield City	12/21/20/11	Email Phone
Mybia K.L. Smith	Mythis Swith	City: Brookfilled Zip: 53005	☐ City	(Month) (Day) (Year)	()
Matthew P Rausch		Street: 2022 N. Palmer St #7	O Town O Village City Milworkee	1 /7/2012	Email
, , , , , , , , , , , , , , , , , , , ,	West fillen	City: Milwaukee zip: 53213	City 101.16001886	(Month) (Day) (Year)	()
10. NANCY WARREN	Maney Warren	street: 3993 S. Praire Hilly #314 Green Tieldzip: 53228	Town Village City City Creentield	1/1/2012 (Month) (Day) (Year)	Phone Phone
0 H . D. L.	Certification of		01 41 2	1.	

(certify): I reside at (Circulator's Residence – Street name and Number) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Month)

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To the Wisconsin Government Accountability Article XIII, Section 12 of the Wisconsin Co.		ctors of the State of Wisconsin petition for the recall outes.	of Governor Scott Walker from offic	e pursuant to	Comr PO B	
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT	
1. Jennifer Dunn	demyfer Wum	Street: 9481 N Michael Ct City: Milwaukee zip: 53224	Town Willage Willwauker	/ 7/20 <u>i</u> C (Month) (Day) (Year)	Email Phone	
Barbara Berdes	Barbara Budes	City: Milevaulee zip: 53221	Town Village State Milwankee	/ 7/20/12 (Month) (Day) (Year)	Email berde Phone (414)	
Trisha kurber	Cistor Kalor	Street 2576 5. 245 5 City: Milwaule 21:532/5	Town Village Milwankee	// /20 <u>/2</u> (Month) (Day) (Year)	Phone ((///Y)	
Joanne Pawlowski	Jan Bel.	Street: 2576 S. 2974 S. City: M: 1 walla zip: 53215	Town Village Co	(Month) (Day) (Year)	Phone (44)3.	
Michael P. Reynolds	John John Market	Street: 3650 S. S. Ind Street City: Coreen field zip: 53220	Drown Village M. Iwaukel	//7/20/d (Month) (Day) (Year)	Email Phone (4)4)4	
Terese Auello	Teese M. Aulto	Street: 37/3 W. Michigan St. City: M. Iwar W. zip: 53308	Town Village Willage Willage Willage	/ / 7/20/ 3 (Month) (Day) (Year)	Phone ()	
T. LIKPfeiffer	Tool & DOR	Street: 3503 Blue Goose Rd City: West Benduf zip: 53090	Town OZAUKEC OCITY	/ 7/20/2 (Month) (Day) (Year)	Email Phone	
Walter Goodte, fr.	Walter Goodalt	Street: 1437 N. 19n St City: M. / VI 20/60 Zip: 53205	Drown City Milwa ukee	(Month) (Day) (Year)	Email Phone	
Mash. ABdul-Da	il Mart	Street: 3462 5. 44th	Town Village Greenfield	/ 7/20/2 (Month) (Day) (Year)	Email Phone	
Asheena Matthews	as commented	Street: 3511 w OKlahama art 6 City: Milwhulle WI zip: 3215	Town Wallage M. WAUKU	/ / 7/2012 (Month) (Day) (Year)	Email Phone	
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	10. Ashe	ena Matti	reus a	A comment	Street: 3811 City: 4111	wolle wit	ng art 6 2ip: 53215	Town Vallage City	waulle	/ /7/20 (Month) (Day) (Year
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ie j	paper with full kn	owledge of its content on th	ne date indicated opp	osite his or her name, I know their	respective residences given	. I support this recall petition	n. I am aware that falsifyi	ng this certification is	punishable under S.12.1	3(3)(a), Wis. Stats.
_	//	7	20_12_	Catherine J.	(Signature o	f Circulator)			Page No. (Off	ficial Use Only)
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee t PO Box 256

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print ore Ha Larsen Sign Source Larsen	Street: 1050/3 are City-Balduin 2/p: 540052	Town Evillage City BUJWIN (Municipality Name)	//9/20 <u>[2</u> (Month) (Day) (Year)	Phone
Print: Letay Latson Signi Leray Lang	Street: 1050 13 all City: Balpurn 21p: 54002	Town Village City Baldwin (Municipality Name)	//9/20 <u>12</u> (Month) (Day) (Year)	Phone (
3. Joan Hopfensperger Signi Joan M. Hopfensperger	street: 1140 Shaggy Bark Dr.	Town Village picity Nench (Municipality Name)	1 / 12 / 20 <u>12</u> (Month) (Day) (Year)	Phone
Print John PARISH Signi John Parl	Street: 1151 PARK VILLAST 54956 Citys Neenal Zips 53048	Town Village City (Municipality Name)	//12/2012 (Mosth) (Day) (Year)	Phone
Stens	Street: 1235 WOODGATE LANE City NEENAH Wh Zipi 54956	Town Utillage City MENASHA (Municipality Name)	1 /12/20 <u>17</u> (Month) (Day) (Year)	Phone (
I, SHOVE LASSIN (Printed Name of Circulator)	certify): I reside at Circulatory (Circulator's Residence – Street Name and Num	MOP LETON mber) (Circulator Munic		Circulators, Please include your co

I personally circulated this recall petition and personally obtained each of the signatures of this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable updated. 12.13(3)(a), Wis. Stats.

(Month)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Print: JOHN WITTMAN Signs JUNE	Street 708 S SUNSHINE PR	Town Village PCLTON (Municipality Name)	1/5/2012 (Month) (Day) (Year)	Phone (836	
2. Print Cony Hamen Sign Cony Hame	Street: 1267 Radcl1 II Rd Street: 1267 Radcl1 II Rd	MTown Stillage City (Municipality Name)	/ /5/20/2 (Month) (Day) (Year)	Email Phone (9Z	
3. Print Cindy Cinfic Side May Cinfir	street/267 Rodeliff Pol City/ Deenah) 2191 54956	Town Utilage City (Municipality Name)	////20/ <u>/</u> (Month) (Day) (Year)	Email Phone	
4. Print MICHAEL SCHNESE SEMBLER SCHNESE	Street: 747 MANITOWOC ST City: MENASHA Zip: 54952	O'Town O'Village City MENASHA (Municipality Name)	01/06/20 <u>12</u> (Manth) (Day) (Year)	Phone (920	
5. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone (
(Printed Name of Circulator)	(certify): I reside at 473 ct Rd D, Ber (Circulator's Residence - Street Name and Nobbained each of the signatures on this paper. I know that the signers are elec		nicipality)	Circulator. Please include. Phone	

and in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a). Wis. Stats.

(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to

PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: RUTH A. MSVETTIE		Town Uillage City	1/5/2012	Email
Sign: Zett- A. Mi-Cott	City: FREEDOM zip: 54913	FREEDOM (Municipality Name)	(Month) (Day) (Year)	Phone ()
2. Print KAREN A SCZLSNY Sion: Ka Lasa	Street: W3414 ROAK ROAK	Town Uillage City	1/5/20/12	Email
100	city: Freedom zip: S4913	(Municipality Name)	(Month) (Day) (Year)	()
3. Print Tom Blakeshee Sign: Jon Blakeshee	Street: W6817 School Rd	☐Town ☐ Village ☐ City	1/11/2012	Email
	city: Greenv: lle = zip: 54942	(Municipality Name)	(Month) (Day) (Year)	Phone ()
4. Print:	Street:	☐ Town ☐ Village ☐ City	1 /20	Email
Sign:	City: Zip:	(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone ()
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Month) / /2 /20/2 Amen (Signature of Circulator)

Printed Name of Circulator)

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(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jam Committee to F PO Box 2569 Madison, WI 5

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1. Ethan B Crum	58 Lawson St	Town Usingsc	12/4/2011	Cthan
Sign: Athir Cen	CHY: Menasha ZID: 5495Z	(Municipality Name)	(Month) (Day) (Year)	(920)-
Print: Halley Kaufman	street: 736 SeandSt.	□ Town □ Village ▼City Memory Cha	[2/20/20_1] (Montb) (Day) (Year)	naily un
sign. Harley Kalywow	1 city: Memasha zipi 54952	(Municipality Name)	(Month) (May)	(9a0)
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Sign (chy: Menasha WI zip: 54952		(Month) (Day) (Year)	(970) Email
4. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
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Sign:	Street:	(Municipality Name)	/ ZU (Month) (Day) (Year)	Phone (
	City: Zip:	1- 1-		
I, Carolyn Paine (Printed Name of Circulator)	Certification of Circulator, (certify): I reside at 315 (Circulator's Residence - Street Name and N	d. Own of	Vernah unicipality)	Circulators, Please include your co
• •	y obtained each of the signatures on this paper. I know that the signers are electhe paper with full knowledge of its content on the date indicated opposite his	s and the district represented by	y the officeholder given. I support this	(De)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Sco Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Sign: Carole V. Cowan appleton, Wi. City: 2106 & John St. City: 2106 & John St. City: 54915	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village) Town Village City (Municipality Name)	11 /26/20 11 (Month) (Day) (Year)	CONTACT Email Phone () Email
Print: CAROLE V. COWAN Street: 2106 E. John St. Sign: Carole V. Cowan appleton, Wi City: Zip: 54915	Village City Multicipality Name)		Phone ()
			Email
Street 5444 Michaels D, 41 5 Street 5444 Michaels D, 41 5 Street 54913	Village Statist Municipality Name)	12/15/20_1/ (Month) (Day) (Year)	Phone ()
3. Print: John Manel 1/47 a @ L. M. 1.	□ Town □ Village □ City (Municipality Name)		Phone ()
4. Thomas Eliasnon	□ Town ■ Village □ City KF CE D C ((Municipality Name)	19/2/20 <u>11</u> (Month) (Day) (Year)	Phone ()
	□ Town □ Village □ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ()

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$1.12.13(3)(a), Wis. Stats

(certify): I reside at 15

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Bernard Potrourlsky.	Breed: SIS FENTON ST	E City	12/13/2011	Phone
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(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the sig named in this petition. I know that each person signed the paper with full knowle recall petition. I am aware that falsifying this certification is punishable under 8.	edge of its content on the date indicated opposite his or her name. I kn	iction or district represented by the officeholder ow their respective residences given. I support this
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janua Committee to Re PO Box 2569

Madison WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT BHAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
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1. Print: Kimberly A. Kellahouse	Street: 1787 Fritsch Street	Martown ☐ Village ☐ City	12/11/2011	Email
Sign: Kumberly A. Kellschae	en ch: 1Menasha zip:54952	Menasya (Municipality Name)	(Month) (Day) (Year)	()
2. Dan Stippen sinfaula f Van Stippen	street: 1788 Fritsch. Str. Chy. Menasha 24.54952	Description Willage City Menasha (Municipality Name)	/2 /1/ /20 // (Month) (Day) :(Year)	Phone ()
3. Print: Brenda Van Stippen Sign B. Van Stippen	Street: 3417 N.Rifle Range Rd City: Apolletun 24: 54913	Trown O village City Chute (Municipality Name)	12/11/2011 (Month) (Day) (Year)	Email Phone
sign Dow Van Julyan	sured 3417 N. Rifle Range Rd	Grown G Village Gity Crand Chute (Municipality Name)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Phone ()
Sign: SERALD VAN ST, PAS.	Street: 1788 FR, TSCH, ST.	© Town □ Village □ City Mewsha (Municipality Name)		Phone ()
	Certification of Circulator		1	
I, Timothy 5. Kelluhauser. ((Printed Name of Circulator)	certify): Preside at 1671 Lake Shore (Circulator's Residence - Street Name and Nu	DIVE TOWN OF Y		Circulators , Please include your conta

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Please include your conta Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Januar Committee to Rec PO Box 2569

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1. Frint: KENNETh Krisiss Sign: Kenned Frank	Street: 29 29 WE/houst	O Town U village U chry (Municipality Name)	// / 33/2011 (Month) (Day) (Year)	Email
2. Print: Erin Bernier Sign: Creek Bernier	Street: 1700 Dublin Tr. #321 City: N28 nah 21p: 54956	MTown □ Village □ Gity Menay A (Municipality Name)	11 /23/2011 (Month) (Day) (Year)	Email Phone
3. Print: Zachary 14 ell hhan Sign: Zachary comean	Street: 1071 Lakeshor drive	Milage ☐ Gity (Municipality Name)	\\\ /23/20\\\\\(\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\	Phone ()
Print: Rose M. Verbirg Sign: Rese M. Verland	Street: 2630 S. Kerryn. City: Apleten W. Zip: 5491 S.	☐ Town ☐ Village ☐ City (Municipality Name)		Phone ()
5. Print: Kaitlin Smith sign: Youitlin Smith	street: 1412 Racine Rd. cty: Menasha W. S4952	E-Town Village City Menatha (Municipality Name)	12 /9/2011 (Month) (Day) (Year)	Phone ()
Certification of Circulator				
1, Stephanie Kelly hauser. (Printed Name of Circulator)	(certify): I reside at 1071 Lakeshore Drive (Circulator's Residence - Street Name and Nu	umber) Town Men (Circulator Muni	cipality)	Circulators, Please include your contact

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) (Day) Page No. (Official Use Only)

Please include your contact Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Januar Committee to Rec

PO Box 2569 Madison, WI 537

name & signatures of electors	STREET & NUMBER OR RURAL ROUTE Rural address must also anclude box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Elliot Franczek	Street: N7571 Harwood Rd.	Town Utilage Clity	11/21/2011	Email Elliot (ranca
Sign: Elliot Trangete	city: Hilbert zip: 54129	Hamison (Municipality Name)	(Month) (Day) (Year)	Phone (920) 9
2. Jerry Franczek	Street: N757/ SHARWOODFD	ÆTown C∃ Village □ City	11 /22/20 <u>11</u>	-franczek
sign: Jerry Trangek	city: Hilbert 21p. 54/29	(Municipality Name)	(Month) (Day) (Year)	Phone (920)4
3. Wendy Nelson	Street: 313 S. Midpark Dr	□ Town □ Willage ■ City	11 /20/20 <u>11</u>	Wi-nels Phose
Sign: Wilm	city: Appletone zip: 54915	Appleton (Municipality Name)	(Month) (Day) (Year)	(920)7
4. JANE FONTAINE	Street 564 W. Henry ST	☐ Town ☐ Willage ☐ City	11/22/2011	Email
sign. Foutcuie	En-Laukauna 210: 54130	(Municipality Name)	(Mouth) (Day) (Year)	(SISO)
5. Print THOMAS NANDENBOOM	Street: 810 E Collège	☐ Town ☐ Village SCity	1 /22/2011	Email THOMAS.
Sie Thomas Day Du Boom	City: Appleton Zip: 54911	(Municipality Name)	// /22/20_11 (Month) (Day) (Year)	Phone (920)
	Certification of Circulator (certify): I reside at 1757/ South Harw	0 0 0 11.		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Day) (Month) (Year)

(Printed Name of Circulator)

(Signature of Circulator)

(Circulator Municipality)

Circulators,

Please include your conta Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to

Committee to PO Box 2569 Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: HEATHER DELLE Sign: 1	Street: 2028 N. 59th St. City: MILWAUKEE Zip: 53208	□ Town □ Village □ City	11 /2 / 2011 (Month) (Day) (Year)	Phone (414
stem armanda Klath	Street: 68 MALLOWSEN OF City: Menasha Zipi 54952	□ Town □ Village	12//20 <u>//</u> (Month) (Day) (Year)	Phone (920
3. Print:	Street: City: Zip:	□ Town □ Village □ City (Municipality Name)	//20(Month) (Day) (Year)	Phone
Sign:	Sirect: City: Zipe	☐ Town ☐ Village ☐ Ciry (Municipality Name)	//20(Month) (Day) (Year)	Phone (
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
(Printed Name of Circulator)	Certification of Circulator certify): I reside at 300 Grant St. (Circulator's Residence - Street Name and Nutatined each of the signatures on this paper. I know that the signers are elector aper with full knowledge of its coptent souther date indicated opposite his or spunishably under \$12,13(3)(a), \$13/Stats.		e officeholder en. I support this	Circulators, Please include your o Phone (Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison, W
name & signatures of electors	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print Mandy Froehlich Signi Mandy Proehlich	Street: N9468 Cumberland Dr City: appleton zip: 54915	Town Village City (Municipality Name)	1/5/2012 (Month) (Day) (Year)	Phone (920)
2. Print Daniel J. Froehlich Signi Daniel J. Froehlich	Street: N9468 Cumberland De City, AppleTon Zips 54915	© Town □ Village □ City (Municipality Name)	//O/20]] (Month) (Day) (Year)	Email Mandy 9m Phone (920)
Signi	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone ()
4. Printi	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20(Month) (Day) (Year)	Phone ()
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ()
(Printed Name of Circulator) I personally circulated this recall petition and personally of	certify): I reside at Circulator's Residence - Street Name and Nu chained each of the signatures on this paper. I know that the signers are elector paper with full knowledge of its content on the date indicated opposite his or	rs of the jurisdiction or district represented by the	ne officeholder	Circulators, Please include your co Phons

Page No. (Official Use Only)

(Month)

recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
Jamie Frenst Jamie Frenst	Street: 1338 Orchard Ct City: Neenal Zip: WI	Town Village City Menaska (Municipality Name)	1 ///2012 (Month) (Day) (Year)	Email Jam Phone (920
2. EUGENE BERNIER SIM	Street: 517 EMERSOU ST	Town Village City	1 /12/20/2	Email Phone
Sign	City: NEENAH WI Zip: 54957	(Municipality Name)	(Month) (Day) (Year)	(
3. Print: Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20 (Month) (Day) (Year)	Email Phone
4.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
Steve / arin	Certification of Circulator	A Amlet	In	1
(Printed Name of Circulator)	(certify): I reside at 1/09 300/10 17 (VAM) 0 (Circulator's Residence – Street Name and Num	mber) (Circulator Munici)		C irculators , Please include your c
ecall petition. I am aware that falsifying this certification is	btained each of the signatures on this paper. I know that the signers are electors paper with full knowledge of its content on the date indicated opposite his or he is punishable under \$712.13(3)(s), Wis. Stats.	s of the jurisdiction or district represented by the ter name. I know their respective residences give		Phone 920

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

Return by Janu

Committee to R PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Peter Malchous	Street: 420 Hazel St	□ Town □ Village □ City	11 1/6/20//	Seter Ma
sign Feter Mulely	cis. OshKosh zip. WI CW	(Municipality Name)	(Month) (Day) (Year)	(920)
Print: Mary Greene	street: 442 E Columbian	☐ Town ☐ Village ☐ City	11/16/2011	Email Mgreer Phone
Sign: Mary Irline	cir. Nelnah W zip. 54956	(Municipality Name)	(Month) (Day) (Year)	(920)
Print: Tami Malcore	Street: 8418 Pioneer Rl	CTown a vsew	11 ///20 [Email t M
sign Ham Maleon	city: Larsen W zip: 54947	(Municipality Name)	(Month) (Day) (Year)	(920)
4. Print: History Loe	street: 62 Ramlen Ct	Town Village APPLETON	11/10/2011	Email
San Carlot	an Appleton zin 54915	' (Municipality Name)	(Month) (Day) (Year)	(920)
5. Catherine Rozewski		□ Town □ Village ■ City		Email
Sign Cathurpe Rugli	City: Meinah Zip: 54954	(Municipality Name)	(Month) (Day) (Year)	Phone (920)
. Christine Wilham	Coutification of Cinaminton	Neenah		1 1
(Printed Name of Circulator)	(certify): I reside at <u>UCB MESS WW UY</u> (Circulator's Residence – Street Name and Nur		icipality)	Circulators, Please include your co
rich and survey ages in the case of the ca	The state of the s			Phone

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this

call petition. I am aw	vare that falsifying	this certification is puni	shable under S.12.13(3)(a), Wis. Stats.	•
Jan.,	12	/20 12	Christine Wilharm	Page No. (Office
(Month)	(Day)	(Year)	(Signature of Circulator)	#

cial Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu Committee to R PO Box 2569

Madison, WI 5

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. PRUL M. VANDER WIE signaul M. Vander Wielen	Street: 611 VVHSHINGTON AVE	Town Village City OSHKOSH (Municipality Name)	//	Phone (920)
2. Print: Steven Bruce Sign: Steven Bruce	Street: 1430 Baytree Cane City: Neenah Zip: 54956	Town Village NCity Meenah (Municipality Name)	11/24/20_// (Month) (Day) (Year)	Phone (970)
Sign: Cail Bruce	street: 1430 Baytree Lone	Town Village A City (Municipality Name)	11 /24/20 11 (Month) (Day) (Year)	Phone (726)
A. Print: Margaret Weyenberg Sign Maga PULL	Street: 319 E. CECI City: Neenan zip: 549576	Town Village City (Municipality Name)	/Z/1/20 // (Month) (Day) (Year)	Email Phone (520)
5. Print Sue Rogers Sign: Sue Rogers	Street: 1819 Sunkist Rd. City: Street: 34904	O'Town O'Village City (Municipality Name)	12/6/20/1 (Month) (Day) (Year)	Phone (920)
I, Christine Wilharn (Printed Name of Circulator)	(certify): I reside at Circulator's Residence – Street Name and Nu	wer Neeval		Circulators, Please include your co
I personally circulated this recall petition and personally of named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification (Month) / (Day) / 20 1 2 (Year)	2 Christine Wilharn	ors of the jurisdiction or district represented by the name. I know their respective residences gi	ven. I support this	() Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to PO Box 2569

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Jennifer Merritt	street: 125 E. Lindbergh St.	☐ Town ☐ Village	/ /20	Jen.me
Sign Junifu Mauil	City: Appletan 21p. 54911	(Municipality Name)	(Month) (Day) (Year)	Phone (920)
2. Print: STEPHEN MERRI 17		□ Town □ Village □ City	11/17/2011	Email Sg MeV
Sign:	City: APPUETON Zap. 54913	CITY OF APPUTEN (Municipality Name)	(Month) (Day) (Year)	(920)
3. Print James Kuenster sign James Kuenster	Street: 707 E. Byrd St.	Town Village City Cylinge (Municipald Warne)	// //7/20 <u>//</u>	Email 9 Slj
4.	cty: Appleton zip: 54911	(Municipanty-Name)		(920) Email
Print Randy Hasselquist	Street: 3231 S. AlmID(KLA.	10wn Village P R Town Municipality Name Municipality Name P R Town Town	// //8/20 <u>//</u> (Month) (Day) (Year)	102e
5. Print: Anna Zimmers	in 19910 navoda Die	☐ Town ☐ Village		Email
stgm: AMAHA	city: Appleton 211 54916	Tern of Bychanen (Municipality Name)	(Month) (Day) (Year)	AK657 Phone (414)
01 125 211	Certification of Circulator			
I, Christine Wilhar, (Printed Name of Circulator)	(certify): I reside at USS Kess Wr Dr (Circulator's Residence – Street Name and Nu	Meenah (Circulator Munic	in alina	Circulators,
(Frinted Name of Circulator)	(Circulator 3 Residence – Street Name and Nu	moer) (Circulator Munic	прашу)	Please include your c

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable updet Srt2.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to F PO Box 2569

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print Trisha Benbo sylvahad Benbo	street: (do3 chostnutSt.	□ Town □ Village ☑ City Neenah (Municipality Name)	11 /16 /20 // (Month) (Day) (Year)	Phone
2. Print: Dean Doersch Sign: Dlan Doersch	street: 1066 Rainberry Ct City: Neenah ZIP: 54956	Town Village City Menaska (Municipality Name)	// // 20 // (Month) (Day) (Year)	Email Phone ()
3. Print: Kristina Stingle Sign: Glistina Stingle	street: 1230 Devonshire Drive City: Oshkosh zup: 54902	Town Village So City OSNKOSN (Municipality Name)	11 /17/20 <u>11</u> (Month) (Day) (Year)	Email Kstringle Phone (920)
4. Print: CYNTHIA KARDONG SICCEPHTHIA KARDONG		Town Village City NEENAH (Municipality Name)	// // // 20	Email Phone (920)
5. Print: Polly Kelly sign: Goly Holly	street: 665 Congress St. City: Noemah WI zip: 54956	Town Village Village Village (Municipality Name)	11 /16 /20 11 (Month) (Day) (Year)	Email Phone
(Printed Name of Circulator)	Certification of Circulator	,	· · · · · · · · · · · · · · · · · · ·	Circulators, Please include your con Phone

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bn.,	12	/2012	Christine Wilharm
(Month)	(Day)	(Year)	(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Committee to R

PO Box 2569 Madison, WI 5

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA		
1. HENKE Print: MARCUERITE L.	Street: 500 VV & ST WASHING TON ST	4	12/21/20_1(Email		
V	City: NFWLONDON, W1. 21p: 54961	(Municipality Name)	(Month) (Day) (Year)	(920)		
2. Print:	Street:	□ Town □ Village □ City	12/21/2011 (Month) (Day) (Year)	Email Phone		
Signi.	City: Zip:	(Municipality Name)	(atomin) (bay)	()		
Print: Ryan Emply sign: Ryun Emply	Street: 1924 N. Booth St. City: Milwaulcee Zip: 53212	Town Village Milway Lee (Municipality Name)	[2/25/20]] (Menth) (Day) (Year)	(920)		
4. Carman Empoy Sign Samon Empoy	Street 1924 N. Booth St.	Town Willage City Wall Wall	\2/25/20(Month) (Day) (Year)	Email Phone (608)		
5. Print: Sign:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone		
I, Christine Wilhar, (Printed Name of Circulator)	Certification of Circulator Certification of Circulator (Certify): I reside at (Circulator's Residence – Street Name and Nu.	Weenah (Circulator Muni	nicipality)	Circulators, Please include your col		
			given. I support this	()		

(Signature of Circulator)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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	, Section 12 of the Wisconsin Constitution and S.9.10 of the			PO Box 2569
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print Mart Goodacre	Street: 1013 Gregory St	☐ Town ☐ Village ➤ City	11 /20/2011	Email
signment Modace	CIN NEONAH, WI 21: 54956	NeeNah (Municipality Name)	(Month) (Day) (Year)	Phone (920)
2. Tiffany Goodacre	Street: 1023 Gregory St.	□ Town □ Village □ Composite □ Village	11/20/20_11	Email 637
sign: 77/Hany Indical	city: Weenah zip:54956	(Municipality Name)	(Month) (Day) (Year)	Phone ()
3. Prins: Reter Kardong	Street: 964w Cecil St.	☐ Town ☐ Village ☐ City	12/24/2011	Email
sign Jeter Kandong	civ. Neenah zip. 54956	(Municipality Name)	(Month) (Day) (Year)	920)*
4. Carol Whitney	Street: 968 W. Cecil St.	Town Village OCity Neemh	1/4/2012	Email (920)
sign: Carol Whilney	city: Neenah, WI zip: 57956	(Municipality Name)	(Month) (Day) (Year)	()
5. Print: Doug Whitne-	Wicecil St Street: 968 Neerrah, LOW	Town Village City Veloch	/ /4/2012	Email
sign: Vary White	city: Neenah zip: 54956	(Municipality Name)	(Month) (Day) (Year)	Phone (920)
	Certification of Circulator	ì		
Christine Wilha	(certify): I reside at 678 Kessky Dr	- <u>Neenah</u>	<u> </u>	Circulators,
(Printed Name of Circulator)	(Circulator's Residence - Street Name and 1	Number) (Circulator Muni		Please include your con
named in this petition. I know that each person signed the	obtained each of the signatures on this paper. I know that the signers are elee e paper with full knowledge of its content on the date indicated opposite his	ectors of the jurisdiction or district represented by to or her name. I know their respective residences g	the officeholder given. I support this	Phone
ecall petition. I am aware that falsifying this certification	n is punishable under S.12.13(3)(a), Wis. Stats.	,		Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

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Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.			PO Box 2569	
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
sim Chantay Peterson	areat 10 Main \$207	Town Village City (Municipality Name)		Email Phone
2. Print: Carol J. Stern Stern Sign: Carol J. Stern	treet: N6048 Wolf River RJ	Town Village D City Richmond (Municipality Name)	11 /27/2011 (Month) (Day) (Year)	Email Phone
3. Print: MICHARD W. STERN Sign: Exchardustlern	irec: NGO45 WOLF RIVER Rd	Town Village City CHMOND (Municipality Name)	///27/20_// (Month) (Day) (Year)	Email Phone ()
Sien: Michael W. Wilham Street Sien: Mutael W. Wilham	street: 628 Kessler Dr street: Neerah zip: 54956	Town Village DoCity Meenah (Municipality Name)	01/12/2012 (Month) (Day) (Year)	Email Phone
5. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Email Phone
	Certification of Circulator 1. (Circulator's Residence - Street Name and Num 1. (Circulator's Residence - Street Name and Num 1. (Residence - Street Name an	ors of the jurisdiction or district represented by th	the officeholder	Circulators, Please include your co Phone
(Month) (Day) (Year)	. Christine Wilharm (Signature of Circulator)	Page No. (Official Use ()#] 1546	;e Only)	Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

1	Return by Ja
1	Committee to
!	PO Box 2569
li	Madison, WI
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THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	Y OF RESIDENCE, IS NOT SUFFICIENT. BE LISTED.		Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Amanda Evess Sign: Imanda Eves	Street: 218 E. Olumbian Aug	Town U village Vero (Municipality Name)	01/07/20 <u>17</u> (Month) (Day) (Year)	Email BB (o Phone
	chi. Neenah zip. 54956	(Municipality Name)		Email
Print:	Street:	□ Town □ Village □ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	()
3. Print:	Street:	□ Town □ Village □ City	/ /20	Email Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	
4.	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	
5. Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone ()
I, Chgrotte Foth (Printed Name of Circulator)	Certification of Circulator (certify): I reside at 1033 Brighton D (Circulator's Residence - Street Name and No	Menasha umber) (Circulator Muni	cipality)	Circulators, Please include your co

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or	district represented by the officeholder
named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their	respective residences given. I support this
recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.	
1, 13 1201) / Marth Cath	Page No. (Official Use Only)

(Day) (Month) (Year) (Signature of Circulator)

Circulators, Please include your co

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Janu

Committee to R PO Box 2569 Madison, WI 53

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Virendra N. Shar	ma 1429 Chesterfield CT	□ Town □ Village □ City	12/20/2011	Email
	city: Menasha zip: 54952	Menasha (Municipality Name)	(Month) (Day) (Year)	Phone (928)
Print: Corrina Heider	street: 1236 Green Acres Un.	☐ Town ☐ Village ☑ City	1 /11/2012	Email
Sign. Write & Deille	city: Nlenan zip: 54956	Municipality Name)	(Month) (Day) (Year)	(920)
3. Print:	Street:	☐ Town ☐ Village ☐ City (Municipality Name)	(Month) (Day) (Year)	Phone ()
4. Print:	City: Zip: Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	()
5.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	()
. Charlotte Foth	Certification of Circulator (certify): I reside at 1033 BLIGHTON	r. Menasha		
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu	umber) (Circulator Munic	1	Circulators, Please include your con Phone
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification		her name. I know their respective residences giv	en. I support this	(P20)
1 1 13 120 12	- Charlotte Lath	Page No. (Official Use	? Only)	

(Year)

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Please return by

Sierra Club—Jol 222 S. Hami Madison

Page No. (Official Use Only)

	AILING PURPOSES. WHEN DIFFERENT THAN MUN		CIENT.	
NAME & SIGNATURES	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY RESIDENCE	DATE OF	
OF ELECTORS	Rural address must include box or fire no.	(Also Indicate Town, City, or Village)	SIGNING	
// ///	Street: 718 East Alton St	Town	[/13/20 <u>12</u>	E-m
Print: Max Mogavero	city: Appleton zip: 54911	City Appleton	(m) (d) (year)	Pho
2. Sig: Lam Challon	Street: 718 East Alton St. Rm203		1/13/2012	E-m
Print: Lauren Challiner	city: Appleton zip: 549//	Village City Appletan	(m) (d) (year)	Pho
3. Sig: Mathe Cloriu	Street: 7186. Alton St. Ram 703	Town	(/13/20 <u>12</u>	E-m
Print: Mathew Clerrin	City: Appleton zip: 54911	Village City Appleton	(m) (d) (year)	Pho
4. Sig: July	Street: 212 South Owker Street Room 214	Town	1/3/2012	E-m
Print: Zoe Psarouthyk	City: Appleton, WI zip: 5491(Village City LAP Le ton	(m) (d) (year)	Pho
5. Sig Brieme Edit	Street: 718 E. Alton St. RM	· ·	1/13/2012	E-m
Print:	city: Application, WT zip: 54911	Village City	(m) (d) (year)	Pho
I, Abigail Cahill (Princed Name of Circulator)	Certification of Circulator (certify): I reside at 219 Jaffan 5 (Circulator's Street Name	And number) Makson (Circulator Municip	oality)	Pho G
the officeholder named in this petition. I know th	rsonally obtained each of the signatures on this paper. I know nat each person signed the paper with full knowledge of its co petition. I am aware that falsifying this certification is punisha	ontent on the date indicated opposite his or her r		E-M

(Signature of Circulator)

(day)

(month)

(year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Please return by

Sierra Club—Jo 222 S. Hami Madison

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OF ELECTORS Rural address must include box or fire no. (Also Indicate Town, City, or Village) Street: 718 East Alton St. 100m 208 Town Village City: Appleton WI Zip: 54911 2. Sig: Marsh Bramon Street: 718 East Alton 707 Print: Russell Brannen City: Appleton Zip: 54911 City: Appleton Zip: 54911 Town Village City Appleton I Town Village City Appleton Street: 718 E. Alton 707 City: Appleton Zip: 54911 Town Village Appleton I (m) 4. Sig: Arm ag Street: 718 E Alton 709 Frint: Chris Acy City: Appleton w Zip: 54911 Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 City: Appleton w Zip: 54911 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m) Street: 718 E Alton 709 Town Village Appleton I (m)	DATE OF SIGNING	
Print: Megan Ludwig City: Appleton W1 Zip: 54911 2. Sig: May 1 Koz toff City: Appleton W1 Zip: 54911 City: Appleton Town Village Appleton I wassell Brannen City: Appleton Zip: 54911 City: Appleton Zip: 54911 City: Appleton Zip: 54911 City: Appleton Zip: 54911 City: Appleton WI Zip: 54911 City: Appleton WI Zip: 54911 City: Appleton WI Zip: 54911 Street: 718 E Alton 704 City: Appleton WI Zip: 54911 City: Appleton WI Zip: 54911 Street: 718 E Alton 704 City: Appleton WI Zip: 54911 City: Appleton Village City: Appleton WI Zip: 54911 City: Appleton WI Zip:		
Print: Megan Lodwig City: Appleton W1 Zip: 54911 City Appleton Street: 718 Enst Alton St. 508 Town Village City: Appleton 3. Sig: Pursul Brannen City: Appleton Street: 718 [. Alton 707 Town Village Appleton City: Appleton City: Appleton Zip: 54911 City Appleton I was a common of the common of	1/13/2012	E-m
Print: David Kaztoff City: Appletch WI zip: 54911 Village City Appleton 3. Sig: Physikl Brannen Street: 718 F. Alton 707 Town Village Appleton City: Appleton Zip: 54911 City Town Village Appleton (m) 4. Sig: Chri ag Street: 718 E Alton 704 Town Appleton Village Print: Chris Acy City: Appleton WI zip: 54911 City 5. Sig: Now Sure Street: 718 E Alton 51. H102 Town Appleton (m)	m) (d) (year)	Pho
2. Sig: Pursell Brannen Street: 718 F. Alton 707 Town Village Appleton City: Appleton Village City: Appleton Village City: Appleton City: Appleton City: Appleton City: Appleton Village City: Appleton Village City: Appleton City: Appleton City: Appleton City: Appleton Village City: Appleton	1/19/2012	E-m
3. Sig: Phusell Branner Street: 718 [. Alton 707 Town Village Appleton (m) Print: Russell Branner City: Appleton zip: 54911 City 4. Sig: Chri ag Street: 718 E Alton 704 Town Village Print: Chris Acy City: Appleton WI zip: 54911 City 5. Sig: Mar Sure Street: 718 E Alton 51. 4702 Town Village City: Appleton WI Zip: 54911 City Street: 718 E Alton 704 Town Village City: Appleton WI Zip: 54911 City Street: 718 E Alton 704 Town Village City: Appleton WI Zip: 54911 City Street: 718 E Alton 704 Town Village City: Appleton WI Zip: 54911 City Street: 718 E Alton 704 Town Village City: Appleton (m)	m) (d) (year)	Pho
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Print: Chris Acy City: Appleton WI Zip: 54911 Village (m) 5. Sig: Mr Suc Street: 718 E Alton St. 4702 Town Village (m)	m) (d) (year)	Pho
Print: Chris Acy City: Appleton WI Zip: 549/1 Willage (m) 5. Sig: Mr Sur Street: 718 & Alton St. 4702 Town (m)	1/13/202	E-m
5. Sig: Mar Succe Street: 718 & Alton St. #702 Town	m) (d) (year)	Pho
(m)	/ ⁽ 3/20 <u>12</u>	E-m
Print: Nathan Lawrence City: Appleton zip: 54911 Sity	m) (d) (year)	Pho
Certification of Circulator 1, Abigail Cahill , (certify): I reside at 2119 Terres. 5+ Madison		Pho

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(dav)